		EQUA	L EMPLOYME	ENT OPPORTU	INITY COMM	IISSION			APPROVED BY
	ST	ATE AND I	LOCAL GO	VERNMEN'	Γ INFORM	ATION (EEC)4)		OMB 30460008
				EMS AND EDU					EXPIRES 12/31/2005
				TION PRINTED	•				MPLETED M TO:
		<u>(</u>		- MBER : 5510000 Year : 17	<u>0</u>			EEO-4 Repo	orting Center ox 8127 /A 20195
			A. TYPE (OF GOVERNM	ENT (Check o	ne box only)			
V	1. State		2. County		3. City		4. Township		5. Special District
	6. Other (Specif	v)		•	•				
	or other (opeen,	<i></i>		B. IDENTI	FICATION				
		1. NA	ME OF POLITI			as label, skip to I	tem C)		
				STATE OF V	WISCONSIN				
2. Add	AddressNumber and Street CITY/TOWN				COUNTY STAT		TE/ZIP	EEOC USE ONLY	
	P.O. BOX 7855		MAD	ISON	d	lane	WI-5	53707	В
				C FUN	CTION				ĮD.
(Check one h	oox to indicate the f	function(s) for whi	ch this form is bei			ed for all departmen	ts and agencies in v	your government c	overed by the
•				·	•	showing name and			· ·
	SUMMARY FUN	CTION							
V	1.Financial Admin purchasing, central carried on by a trea	l accounting and s	imilar financial adı	ninistration		8. HEALTH. Provision of public health services, outpatient clinics, visiting nurses, food and sanitary inspections, mental health, alcohol			
	GENERAL CONT	TROL. Duties usua	ally performed by b	poards of		rehabilitation service, etc. 9. HOUSING. Code enforcement, low rent public housing, fair hordinance enforcement, housing for elderly, housing rehabilitation.			
	supervisors or com agencies, central p employees (judges	ersonnel or planni	ng agencies, all jud			control.			
	2. STREETS AND administration of s		-				Y DEVELOPMEN n space, beautificat	-	g, land
V	3. PUBLIC WELF the needy administ should be reported	tration of public as			☑		NS. Jails, reformat arole and probation		mes, halfway
V	4. POLICE PROTI constable's, corone employees engage	er's office, etc., inc	luding technical ar				ND TRANSPORT		
	5. FIRE PROTECT employees. (Report	ΓΙΟΝ. Duties of th	ne uniformed fire for			collection and dis	N AND SEWAGE. posal. Provision, m ystems and sewage	naintenance and op	-
Ø	6. NATURAL RE- irrigation drainage PARKS AND REC parks, playgrounds zoos, etc.	, flood control, etc CREATION. Prov	., and ision, maintenance	and operation of	☑	14. EMPLOYME	NT SECURITY ST	TATE GOVERNM	IENTS ONLY
V	7. HOSPITALS A	ND SANATORIU	MS. Operation and	d maintenance of	V	15. OTHER (Spec	cify on Page Four)		

institutions for inpatient medical care.

(Lines 75-82)

		FUNCTION	N TYPE 1					
EMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)								
LIST AGENCIES INCLUDED	**LIST AGENCIES INCLUDED ON THIS FORM							
PSC, DSPS, DOA, ETHICS COMM, DOR, ETF, DPI, WTCS, DFI, ELEC COMM, DVA, ECB, OCI, SWIB, GOV, DMA, HEAB, DNR, BCPL, JUDICIAL CNCL, JUDICIAL COMM, GOV, LWSRB								
CERTIFICATION. I certify that the instructions. (Willfully false statem	•		e to the best of my knowledge and w Title 18, Section 1001.)	vas reported in ac	ccordance with acc	ompanying		
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM		TITLE				
	Nicole Rute		Executive	Human Resour	ces Officer			
ADDRESS (Number and Street, City, State, Zip Code)			TELEPHONE NUMBER	Ext	FAX NUMBER			
101 E. Wilson St., Madison, WI, 53703			608-267-1019 608-267-100			7-1000		
DATE	EMAIL	TYPED NA	ME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V		

Jeanette Johnson

2017-10-31

nicole.rute@wi.gov

		FUNCTION	N TYPE 3						
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)				
LIST AGENCIES INCLUDED	**LIST AGENCIES INCLUDED ON THIS FORM								
Bd on Aging & Long Term Care Child Abuse & Neglect Prev Bd									
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)									
NAME OF PERSON TO	CONTACT REGARDING THE	S FORM	TITLE						
	Nicole Rute		Executive	Human Resource	esources Officer				
ADDRESS (Numb	er and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NUMBER				
101 E. Wil	lson St.,Madison,WI,53703		608-267-1019		608-26	7-1000			
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE				V			
2017-10-31	nicole.rute@wi.gov		Jeanette Johnson						

	FUNCTION TYPE 4									
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)					
LIST AGENCIES INCLUDED	**LIST AGENCIES INCLUDED ON THIS FORM									
DEPARTMENT OF TRANSPORTATION, DEPARTMENT OF MILITARY AFFAIRS										
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)										
NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE							
	Nicole Rute		Executive Human Resources Officer							
ADDRESS (Numb	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER				
101 E. Wil	lson St.,Madison,WI,53703		608-267-1019		608-26	7-1000				
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE								
2017-10-31	nicole.rute@wi.gov		Jeanette Johnson							

		FUNCTION	N TYPE 6							
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any (Criminal Justice Agencies whose da	ta are included i	n this report)					
LIST AGENCIES INCLUDED	**LIST AGENCIES INCLUDED ON THIS FORM									
Dept. Ag, Trade & Consumer Protection, State Fair Park, Dept. Natural Resources										
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)										
NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE							
	Nicole Rute		Executive Human Resources Officer							
ADDRESS (Number	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER				
101 E. Wil	son St.,Madison,WI,53703		608-267-1019		608-26	7-1000				
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE								
2017-10-31	nicole.rute@wi.gov		Jeanette Johnson							

		FUNCTION	N TYPE 7						
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any (Criminal Justice Agencies whose da	ta are included i	n this report)				
LIST AGENCIES INCLUDED	**LIST AGENCIES INCLUDED ON THIS FORM								
Department of Health Services and Department of Veteran's Affairs									
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)									
NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE						
	Nicole Rute		Executive Human Resources Officer						
ADDRESS (Number	er and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
101 E. Wil	lson St.,Madison,WI,53703		608-267-1019		608-26	7-1000			
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE							
2017-10-31	nicole.rute@wi.gov		Jeanette Johnson						

		FUNCTION	N TYPE 8							
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included i	in this report)					
LIST AGENCIES INCLUDED	**LIST AGENCIES INCLUDED ON THIS FORM									
Dept. Corrections, Dept. Health Services, Dept. Children & Families, Bd for People w/ Dev Disab.										
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)										
NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE							
	Nicole Rute		Executive Human Resources Officer							
ADDRESS (Number	er and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER				
101 E. Wil	Ison St.,Madison,WI,53703		608-267-1019		608-26	7-1000				
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE								
2017-10-31	nicole.rute@wi.gov		Jeanette Johnson							

(Lines 75-82)

FUNCTION TYPE 10									
ormation Center (NCIC) number	assigned to any (Criminal Justice Agencies whose da	ta are included i	n this report)					
LIST AGENCIES INCLUDED ON THIS FORM*									
Department of Tourism & Kickapoo Reserve Management Board									
ERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying astructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)									
NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE						
Nicole Rute		Executive Human Resources Officer							
and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER				
n St.,Madison,WI,53703		608-267-1019		608-26	7-1000				
EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE								
nicole.rute@wi.gov		Jeanette Johnson							
ii t	serve Management Board Information given in this report is son this report are punishable to DNTACT REGARDING THIS Incole Rute Ind Street, City, State, Zip Cook at St., Madison, WI,53703 EMAIL	rmation Center (NCIC) number assigned to any of NTHIS FORM*** Serve Management Board Information given in this report is correct and true is on this report are punishable by law, US Code, TONTACT REGARDING THIS FORM Nicole Rute Ind Street, City, State, Zip Code) In St., Madison, WI, 53703 EMAIL TYPED NA	A THIS FORM*** Serve Management Board Information given in this report is correct and true to the best of my knowledge and we so on this report are punishable by law, US Code, Title 18, Section 1001.) DNTACT REGARDING THIS FORM Nicole Rute Executive and Street, City, State, Zip Code) TELEPHONE NUMBER 1 St., Madison, WI, 53703 EMAIL TYPED NAME/TITLE OF AUTHORIZED	rmation Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in North Form*** Serve Management Board Information given in this report is correct and true to the best of my knowledge and was reported in acts on this report are punishable by law, US Code, Title 18, Section 1001.) DNTACT REGARDING THIS FORM TITLE Sicole Rute Executive Human Resource and Street, City, State, Zip Code) TELEPHONE NUMBER Ext 1 St.,Madison,WI,53703 608-267-1019 EMAIL TYPED NAME/TITLE OF AUTHORIZED OFFICIAL	THIS FORM*** Serve Management Board Information given in this report is correct and true to the best of my knowledge and was reported in accordance with acciss on this report are punishable by law, US Code, Title 18, Section 1001.) DNTACT REGARDING THIS FORM TITLE Sicole Rute Executive Human Resources Officer and Street, City, State, Zip Code) TELEPHONE NUMBER Ext FAX NUMBER St.,Madison,WI,53703 608-267-1019 608-26 EMAIL TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE				

		FUNCTION	TYPE 11						
REMARKS (List National Crime I	EMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)								
LIST AGENCIES INCLUDED	ON THIS FORM								
Department of Corrections									
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)									
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM	TITLE						
	Nicole Rute		Executive Human Resources Officer						
ADDRESS (Number and Street, City, State, Zip Code)			TELEPHONE NUMBER	Ext	FAX NUMBER				
101 E. Wil	Ison St.,Madison,WI,53703		608-267-1019		608-26	7-1000			
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V			
2017-10-31	nicole.rute@wi.gov		Jeanette Johnson						

		FUNCTION	TYPE 12			
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included	in this report)	
LIST AGENCIES INCLUDED	ON THIS FORM					
Department of Transportation						
·	he information given in this report nents on this report are punishable		e to the best of my knowledge and w Title 18, Section 1001.)	as reported in a	ccordance with acc	ompanying
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM	TITLE			
	Nicole Rute		Executive	Human Resour	ces Officer	
ADDRESS (Number and Street, City, State, Zip Code) TELI			TELEPHONE NUMBER	Ext	FAX NU	JMBER
101 E. Wilson St., Madison, WI, 53703			608-267-1019		608-267-1000	
DATE	EMAIL	TYPED NA	ED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE			
2017-10-31	nicole rute@wi gov		Jeanette Johnson			

	FUNCTION TYPE 14										
REMARKS (List National Crime I	EMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)										
LIST AGENCIES INCLUDED	**LIST AGENCIES INCLUDED ON THIS FORM										
Department of Workforce Development											
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)											
NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE								
	Nicole Rute		Executive Human Resources Officer								
ADDRESS (Numb	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER					
101 E. Wil	lson St.,Madison,WI,53703		608-267-1019		608-26	7-1000					
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE									
2017-10-31	nicole.rute@wi.gov		Jeanette Johnson								

				FUNCTION	TYPE 15				
REMARKS (Lis	t National Crime	Information Cent	er (NCIC) numbe	r assigned to any	Criminal Justice	Agencies whose d	ata are included	in this report)	
LIST AGEN	CIES INCLUDED	ON THIS FORM	/ 1						
Description of A	gency	Description of A	gency	Description of A	gency	Description of A	gency	Description of Ag	gency
	Ambulance		Dog Control		Library		Outstation		Vehicle Maintenance
	Animal Control		Emergency Services		Liquor Commission		Parking Service		Veteran Services
	Cemetery		Manpower		Paramedics		Warehouse Inspector	V	Youth Bureau
	СЕТА	V	Human Resources		Mechanical Maintenance		School for the Retarded		WIN
V	Civil Defense		Human Services		Motor Pool		Shop		
	OTHER:		•	•	•	•	•		
	•		ven in this report rt are punishable				was reported in a	ccordance with acc	companying
NAME (OF PERSON TO) CONTACT RE	EGARDING THI	S FORM			TITLE		
		Nicole Rute				Executive	Human Resour	ces Officer	
AI	ODRESS (Numb	er and Street, C	ity, State, Zip Co	de)	TELEPHON	NE NUMBER	Ext	FAX N	UMBER
	101 E. Wi	lson St.,Madisor	n,WI,53703		608-2	67-1019		608-26	7-1000
DA	ATE	EM	IAIL	TYPED NA	NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE				
2017-	-10-31	nicole.ru	e@wi.gov		Jeanette	Johnson			